

**STATE OF TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES**

**CRISIS INTERVENTION/RESOLUTION PLAN**

Case Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Pages

Parties to the plan: (name, relationship and telephone number)


Presenting Strengths and Issues/Goal(s):


Identified Resources to address problems:


Task/Activity/Resource Assignments: (denote name and affix completion dates within 45 days)

For \_\_\_\_\_

For \_\_\_\_\_

For \_\_\_\_\_

For \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_ Pages

For \_\_\_\_\_

For \_\_\_\_\_

Expected outcomes for juvenile and family which addresses the issues and meets the goal(s) written previously:

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Date Scheduled for progress review *prior* to 45-day mark: \_\_\_\_\_

By my signature below I am verifying that I have participated in the formation of this plan and that I will do my part to make this plan successful.

Signatures of all involved parties with date signed:

_____	_____
_____	_____
_____	_____